Payment for acupuncture services during the pilot

Definitions

CPT® and HCPCS code modifiers and Local Codes mentioned:

–25 Significant, separately identifiable evaluation and management (E/M) service by the same physician on the day of a procedure. Payment is made at 100% of the fee schedule level or billed charge, whichever is less.

1582M Needle acupuncture; must include 30 minutes of direct patient care, may include electroacupuncture, all visit costs including needles are bundled. Billable only once per day with a maximum of 10 visits per claim regardless of provider.

Prior Authorization

Acupuncture does not require prior authorization.

The following requirements must be met:

- Documentation of the referral from the attending provider must appear in the claim file, *and*
- The treatment provided must be for low back pain and related to an accepted condition, *and*
- The claim must be allowed and open.

Who may perform acupuncture services to qualify for payment

Providers who perform acupuncture within their scope of practice must have an approved L&I provider number specifically for acupuncture.

Providers must agree to the terms of the pilot via the acupuncture supplemental application and be accepted into the pilot by L&I and comply with the terms of the pilot.

Services that can be billed

L&I allows for billing of acupuncture and electroacupuncture during this pilot. No other modalities are authorized. All types of acupuncture are billed under billing code **1582M**.

The maximum fee for **1582M** is **$107.78**.

Requirements for billing

Providers must maintain documentation in each workers' medical records and chart notes must be submitted with each bill to document the treatment.

See Medical Aid Rules and Fee Schedule (MARFS) Chapter 2: Information for All Providers for documentation requirements.

If billing for Evaluation and management (E/M) visits a narrative report must be submitted per the description and level of the visit as described in Current Procedural Terminology (CPT).

Modifier -25 must be appended to an E/M code when reported with another procedure on the same date of service.

The E/M visit and procedure must be documented separately.

To be paid, **modifier -25** must be reported in the following circumstances:

- Same patient, same day encounter, *and*
- Same or separate visit, *and*
- Same provider, *and*
- Patient condition required a **significant separately identifiable E/M service above and beyond the usual pre and post care** related to the procedure or service.

Scheduling back-to-back appointments doesn't meet the criteria for using **modifier -25**.

See MARFS Chapter 10: Evaluation and Management (E/M) Services for more information about billing E/M codes including documentation guidelines.

Payment limits

A treatment visit within this pilot is billed under code **1582M**. This visit must include needle acupuncture. Billing for **1582M** is limited to a total of 10 visits per claim regardless of which provider has billed. **1582M** is only payable once per day.

CPT codes **97810**, **97811**, **97813**, and **97814** are not payable.

An E/M visit must be documented in the narrative of the office visit and is paid based upon the requirements described in the CPT.